

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
101		0		/			51				/		
102		0		/			52				/		
103		0		/			53				/		
104		0		/			54				/		
105		0		/			55				/		
106		0		/			56				/		
107		0		/			57				/		
108		0		/			58				/		
109		0		/			59				/		
110		0		/			60				/		
111		0		/			61				/		
112		0		/			62				/		
113		0		/			63				/		
114		0		/			64				/		
115		0		/			65				/		
116		0		/			66				/		
117		0		/			67				/		
118		0		/			68						
119		0		/			69						
120		0		/			70						
121		0		/			71						
122		0		/			72						
123		0		/			73						
124		0		/			74						
125		0		/			75						
126		0		/			76						
127		0		/			77						
128		0		/			78						
129		0		/			79						
130		0		/			80						
131		0		/			81						
132				/			82						
133				/			83						
134				/			84						
135				/			85						
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137				/			87						
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140				/			90						
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142				/			92						
143				/			93						
144				/			94						
145				/			95						
146				/			96						
147				/			97						
148				/			98						
149				/			99						
150				/			100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

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	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4	/		/			
5		/		/		
6		/		/		
7		/		/		
8		/		/		
9		/		/		
10		/		/		
11		/		/		
12		/		/		
13		/		/		
14		/		/		
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42		/		/		
43		/		/		
44		/		/		
45		/		/		
46		/		/		
47		/		/		
48	/		/			
49		/		/		
50		/		/		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/		/		
52		/		/		
53		/		/		
54		/		/		
55	/		/			
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96		/		/		
97		/		/		
98		/		/		
99		/		/		
100		/		/		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						